

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, if space permits.



Ms. Wright
Montgomery County Detention Facility
P.O. Box 4599
Montgomery, AL 36103

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>A. Brown</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>A. Brown</i>		C. Date of Delivery <i>1-8-07</i>
Is address different from item 1? <input type="checkbox"/> Yes Enter delivery address below: <input type="checkbox"/> No		
Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

2. Article Number

(Transfer from service label)

7005 1820 0002 3461 4162

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Is your RETURN A?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery



A. Brown
Montgomery County Detention Facility
P.O. Box 4599
Montgomery, AL 36103

Number

7005 1820 0002 3461 4

Type

Certified

Insured

Receipt for Merchandise

COD

Delivery

1-8-07

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.